

DATE _____

Paradise Cabins Resort & Spa

366 Paradise Road, Blairsville, GA 30512 (706) 745-7483 (877) 745-7483 Fax (706) 745-0527
www.paradise-cabins.com info@paradise-cabins.com

Please take a moment to review the below contents, fill in the blanks, sign on the indicated line and fax it to : **(706) 745-0527**.

Upon receipt of this form, we will process your request for a Gift Certificate and send you a confirmation packet with gift certificate in the mail that you can present to your gift receiver.

We can not process any certificates until we receive this form

Dollar Amount of Certificate: _____
Or, Specific Cabin and/or Spa service chosen: _____
Amount Due: _____

CANCELLATION POLICY : There are no refunds for gift certificates. All certificates are good for one (1) year of purchase date.

CREDIT CARD – I, the undersigned, am providing my credit card number as a guarantee. I agree to pay the above amount indicated. I understand that these costs will be charged to my credit card and all credit card sales are final.

I have read and fully agree to all the above policies.

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Card Holder Name

__VISA__ __MASTER CARD__
Credit Card type

Address

Credit Card Number

City, State & Zip Code

Credit Card Expiration date

Telephone Number

CVVC code

Email Address

Is billing address same as mailing

DATE _____

address provided?

_____ *Card Holder Signature*